

JUL 0 3 2006

FAX TRANSMITTAL SHEET

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15

Number of Pages (including this page)

Date:

July 3, 2006

To:

Examiner Zeev Kitov - 2836

Location:

United States Patent and Trademark Office

Fax No.:

(571) 273-8300

From:

David G. Dolezal - 41,711

Subject:

10/508,879 SC11823TC - Krasin

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MESSAGE:

Enclosed herewith, please find an AMENDMENT for filing:

ALL ITEMS MARKED WITH AN "X" ARE INCLUIDED:									
	1.	X	1 page Facsimile Cover Sheet						
	2.	X	8 page Amendment						
	3.	X	1 page Petition for Extension of Time (in duplicate)						
	4.	X	1page Fee Transmittal (in duplicate)						
	5.	×	2 page Informal Drawings						

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I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING FACSIMILE TRANSMITTED TO THE PATENT AND TRADEMARK OFFICE:

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Date

Signature

	Complete if Known									
FEE	Application Number 10/508,879									
TRANSMITTAL	Filing Date		June 13, 2005			RECEIVED				
Patent fees are subject to annual revision	First Named Inventor		Alexander Krasin		CENTRAL FAX CENTER					
Applicant claims small entity status. See 37 CFR 1.27	Examiner Name		Zeev Kitov							
	Group Art Unit		2836		JUL 0 3 2006					
TOTAL AMOUNT OF PAYMENT (\$) 120		Attorney Docket No. SC11823TC								
METHOD OF PAYMENT (check all that apply		SUNO.	10011		CALC	HI AT	ION (continued)	7		
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Check Credit card Money Order Other	None	3. ADD		. rees Sm	all					
X Deposit Account:		Enti		Ent	ity					
Deposit Account Number 503079		Fee	Fee	Fee	Fee					
Deposit Account Name FREESCALE SEMICONDUCTOR	, INC.	Code	(\$)	Code	(S)		Fee Description			
The Director is authorized to: (check all that apply)		1051	130	2051	65		ge - late filing fee or oath			
X Credit any ov	rerpayments	1052 1053	50 130	2052 1053	25 130		ge – late Provisional filing glish specification			
X Charge any additional fee(s) during the pendency of this app	olication	1812	2520	1812	2520		g a request for ex parte			
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Charge fees(s) indicated below, except for the filing fee to above-identified deposit account.	the	1804	920*	1804	920*		ng publication of SIR prior to er action	-		
above-identified deposit account.		1805	1840*	1805	1840*	Reques	ting publication of SIR after er action			
FEE CALCULATION		1251	120	2251	55	Extensi	on for reply within first month	120		
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1. BASIC FILING FEE		1255	2080	2255	1040		n for reply within fourth month on for reply within fifth month			
Large Entity Small Entity		1401	340	2401	170		of Appeal			
Large Entity Small Entity Fee Fee Fee Fee		1402	340	2402	170	Filing a	brief in support of an appeal			
	e Paid	1403	300	2403	150		it for oral hearing to institute a public use			
		1451	1510	1451	1510	proceed	ding .			
1011 300 2001 395 Utility filing fee 30	00	1452	110	2452	55		to revive - unavoidable			
1002 300 2002 175 Design filing fee 1003 550 2003 275 Plant filing fee		1453 1501	1370 1370	2453 2501	685 685		to revive – unintentional ssue fee (or reissue)			
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1005 160 2005 80 Provisional filing fee		1503	660	2503	330	Plant is	sue fee			
1111 Utility Search Fee 50 1311 Utility Exam Fee 20										
1311 Utility Exam Fee 20	<u>~</u>	1460	130	1460	130	Petition	s to the Commissioner			
SUBTOTAL (1) (\$)		1807	50	1807	50		sing fee under 37 CFR 1.17(q)			
2. EXTRA CLAIM FEES		1806	180	1806	180		ision of IDS			
Previously Extra Fee from Paid** Claims below	Fee Paid	8021	40	8021	40		ing each palent assignment perty (smes number of properties)			
Total Claims - 20 = X 50	=	1809	790	2809	395	-	submission after final			
Independent Claims - 3 = X 200	=	1810	790	2810	395		in (37 CFR § 1.129(a)) th additional invention to be			
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Large Entity Small Entity Fee Fee Fee Fee		1801	790	2801	395	Reque: (RC	st for Continued Examination (E)	iJ		
Code (\$) Code (\$) Fee Description	on	1802	900	1802	900	Reque	st for expedited examination			
1202 50 2202 9 Claims in excess of 20 1201 200 2201 44 Independent claims in excess of 3	ı	Other fee	(specify)			OI a	design application			
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1205 18 2205 9 *Reissue dalm s in excess of 20 and over original	l natent									
SUBTOTAL (2) (\$)	- Policin					SU	BTOTAL (3) \$120			
"or number previously paid, if greater; For Reissues, see above.		* Reduced by Basic Filing Fee Paid								
SUBMITTED BY		Complete (if applicable)								
Name (Print/Type) David S. Dolezal		Registra	ation No.	41,7	11	T,	elephone / (512) 9	96-6839		
1/10 1/5		Date $\frac{7}{30}$								
Signature Date J S C S										
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